



“Buy Right”

As an HMA representative to the Chamber of Commerce of Hawaii Health Care Reform Task Force, I was invited to attend a breakfast on 25 September at the Pacific Club hosted by Blake Waterhouse MD of Straub Clinic & Hospital, to hear Walter McClure PhD speak on the topic of “Buy Right”.

McClure is the chair of the Center for Policy Studies, a Minneapolis-based think tank. He was a featured speaker at the preceding day’s conference at the East-West Center on “Outcomes Measurement: Assessing Quality of Health Care in Hawaii”, initiated by the Pacific Health Research Institute and co-sponsored by the HMA and other organizations.

Dr McClure was a dynamic speaker who held an audience of some 40 leaders of our community enthralled with his presentation, well past the time when many had to leave to go to work.

I was pleased to see that the breakfast buffet was austere, commensurate with the economic recession that has struck Hawaii belatedly in relation to the event on the Mainland—mixed fresh fruit and goodies from the bakery. It was healthful!

My notes include the following:

McClure: Purchasers of health care will ask you: “Who is the better [provider] and for less [money]? We’ll send patients to you.” This struck me aghast. Was he about to give us a dissertation about sending sheep to the shearers?

Then I was reassured when he gave us the dictum that what the consumer needs is quality [in medical care, as in all transactions]. But once again, he came across with a wicked curveball pitch: “MDs tend to skew services in order to make more money.” I simply could not accept that.

McClure went on to compare buying health care as one would buy a car; ie a packaged product with an expected cost for a certain value. Incredible, I thought! Purchasers/consumers can expect specific performance and outcome when buying a new car; if they happen to pick a lemon, there are ways to stop payment until satisfaction is obtained: Corrective repairs or a new car. It is not so when a cholecystectomy is in the offing; there is no guarantee whatever that the outcome will be perfect, that no complications will occur, that the patient is expected to be quite healthy and fit pre-op, etc *ad infinitum*! He cited the rather outstanding fact (not what some of my patients have reported to me) that the Mayo Clinic “does it 20% cheaper and is in the 1% of top quality providers.”

His bottom line was in fine print, visible under the microscope of business economics: “Cost per beneficiary is the criterion in business.”

However, with one thing he said I could agree: Physicians could and should be more efficient in terms of health care, ie preventive medical care, by utilizing the many paramedical per-

sonnel, including nurse practitioners and social workers, to reach out into the community to bring in the prenatal patients earlier, to find the sick and bring them in for care *before* the ill or injured patient needs hospitalization. Primary care centers such as Kokua Kalihi Valley do that, I know; the Maluhia Project has demonstrated a large saving in reduced emergency room visits by the elderly, infirm, near poor. However, public expenditures and costs are still large.

Is it the physician’s role to be a social worker as well? Must he or she increase his or her overhead by hiring a social worker? And, what of the patient’s responsibility to look after and preserve his or her own good health?

Dr McClure cited the city of Cleveland as now having 17% of its major purchasers of health care, presumably insurance carriers and large businesses, in the “Buy Right” program, whereby they have persuaded [maybe arm-twisted?] patients to see providers of medical care who “provide better for less”.

Having a sense of the American people as being very individualistic and choosy, I figure that percentage will not rise significantly. Can you imagine persuading or pushing the people of Waianae to attend only a set group of physicians located in Wahiawa for their health needs? McClure belittles the “services” physicians provide, as mentioned at the beginning of this report; he seems not to understand that the laying-on of hands by the physician, instead of another CAT-scan, is often all the care some patients need.

However, there is some validity in McClure’s ultimate goal: That if the “better for less” concept were to spread to all providers in our community, the standards of medical care would be raised overall. We physicians should make that our goal and shortcut the process to that end, so that there will be no reason to “shift” patients, like herding sheep.

McClure’s tenets are based on the “sound market” economic principle espoused by Adam Smith in the 18th century.

Readers who wish to delve further into this “Buy Right” concept should go to the source—Dr McClure’s speeches and written articles.

J I Frederick Reppun MD
Editor/Reporter